

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

☒ ☐☒ ☐☒ ☐☒ ☐

Revised

Fatality

Hit and Run

Y N

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(1) Reporting Agency OKLAHOMA HIGHWAY PATROL				Case Number (Agency Use) YE00112-20				Motor Vehicles Involved 02		Number Injured 01		Number Killed 00			
(2) Date of Collision (mm/dd/yyyy) 08/08/2020				Time 1619		County Number and Name 09 CANADIAN		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 70 OKLAHOMA CITY Near <input type="checkbox"/>							
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> Ft. <input type="checkbox"/>				Control # 00		Int ID 00		Location 00		East Grid 067		North Grid 026		Administrative 0 PARIS	
(4) Street, Road or Highway KILPATRICK TURNPIKE MILE 113				Distance from At 0264		Mi. <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway of NW 36 ST.							
(5) Unit 01		Occupants 01		Type D		Hit & Run <input checked="" type="checkbox"/>		Last Name MILANOVIC		First OGNJEN		Middle 		Suffix 	
Date of Birth (mm/dd/yyyy) 07/30/1984		Sex M		(6) Address 3-3 FOUR WINDS DR NORTH YORK ON (956)888-7269											
(7) Driver License Number M42956020840730				State ON		Class A		Endorsement(s) 		Restriction(s) Z		Inj. Sev. 3		Type of Injury 2,4	
Drv./Ped. Cond. 11		OP Use 01		(8) Ejected Extricated Test (% BAC) Transported by To Medical Facility License Plate Number State Month Year Air 1 1 1 5 0 EMSA OU HOSPITAL PA10315 ON 12 2020											
(9) VIN IXKYDP9X0LJ960146				Vehicle Year 2020		Color BLU		2nd Color 0		Make KW		Model T680		Veh. Conf. 10	
Extent of Damage 4		(10) Insurance Company Name Policy Number Insurance Telephone (Use Area Code) 3 OLD REPUBLIC INS CO T70051D (866)524-1556													
(11) Vehicle Removed by Driver <input type="checkbox"/> ARROW WRECKER				Same as Driver <input type="checkbox"/>		Owner's Last Name 		First 		Middle 		Suffix 			
(12) Owner's Address 				City 		State 		Zip 		Towed Veh. Type Oversized Load <input type="checkbox"/> 00		Rolled <input type="checkbox"/> Phone present <input checked="" type="checkbox"/>		Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>	
(13) Citation Number 				Statute/Ordinance Number 		Citation Number 		Statute/Ordinance Number 							
(14) Unit 02		Occupants 00		Type C		Hit & Run <input type="checkbox"/>		Last Name 9		First 		Middle 		Suffix 	
Date of Birth (mm/dd/yyyy) 01/01/0001		Sex 		(15) Address YUKON OK 73099 (405)200-6417											
(16) Driver License Number 9				State 		Class 		Endorsement(s) 		Restriction(s) 		Inj. Sev. 0		Type of Injury 0	
Drv./Ped. Cond. 00		OP Use 00		(17) Ejected Extricated Test (% BAC) Transported by To Medical Facility License Plate Number State Month Year Air 0 0 0 5 0 BXZ861 OK 06 2021											
(18) VIN 1FMCUEG5AKC23076				Vehicle Year 2010		Color WHI		2nd Color 0		Make FORD		Model ESCA		Veh. Conf. 20	
Extent of Damage 4		(19) Insurance Company Name Policy Number Insurance Telephone (Use Area Code) 2 STATE FARM INSURANCE 3623576151 (800)782-8332													
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/>				Same as Driver <input type="checkbox"/>		Owner's Last Name MENDENHALL		First EMILY OR MILA		Middle 		Suffix 			
(21) Owner's Address 3704 CATAMARAN DR				City YUKON		State OK		Zip 73099		Towed Veh. Type Oversized Load <input type="checkbox"/> 00		Rolled <input type="checkbox"/> Phone present <input type="checkbox"/>		Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>	
(22) Citation Number 				Statute/Ordinance Number 		Citation Number 		Statute/Ordinance Number 							
(23) Investigating Officer Wayne Linzy				Badge Number 649		Trp/Div. Assigned YE		Trp/Div. Location YE		Reviewer (Init.) TL		Reviewer Badge Number 94		Date of Report (mm/dd/yyyy) 08/08/2020	
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk-External 3 Trunk-Internal 4 Arms 5 Legs 9 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of Medications 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown		Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown							
Air Bag Deployed 0 Not Deployed 2 Deployed - Front 3 Deployed - Side 4 Deployed - Other (knee, air belt, etc.) 5 Deployed - Combination 9 Deployment Unknown		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 9 Unknown		Extricated 0 N/A 1 No 2 Yes 3 Blood/Breath		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath 4 Test Refused 5 Name Given 6 Other		Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown		Insurance Verification 0 N/A 1 Operator 2 Owner 3 Exempt 4 Permitted		Oversized Load 0 N/A 1 Not Permitted P Permitted		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homestead 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown	

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

EXHIBIT 1

Case Number YE00112-20

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(24) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	OKLA TURNPIKE AUTH					
(25) Address	City		State	Zip	Telephone (Use Area Code)			
3500 N ML KING AVE	OKLAHOMA CITY		OK	73111	(405)425-3600			
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							20' FENCE	
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	WINDOM	CHARLES	E			
(28) Address	City		State	Zip	Telephone (Use Area Code)			
3720 CATAMARAN DR	YUKON		OK	73099	(405)474-5404			
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							24' PICKETT FENCE	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	CARR	EARLENE				
(31) Address	City		State	Zip	Telephone (Use Area Code)			
3716 CATAMARAN DR	YUKON		OK	73099	(405)885-6490			
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							REAR OF HOUSE & FENC	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	LUMAN	CARRIE				
(34) Address	City		State	Zip	Telephone (Use Area Code)			
3706 CATAMARAN DR	YUKON		OK	73099	(405)882-4427			
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address	
01	HL MOTOR GROUP INC	15 OLD COLONY ROAD UNIT 33	
(37) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input checked="" type="checkbox"/> 26K+ lbs. <input type="checkbox"/>
RICHMOND HILL	ON	L4E 4	Axle Qty. <input type="checkbox"/> 05 <input checked="" type="checkbox"/>
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2274502	OK		Haz. Mat. Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>
			Axle Qty. <input type="checkbox"/>
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	OK		Haz. Mat. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Position in Vehicle <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	Vehicle Configuration 00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor Semi-Trailer 11. Truck-Tractor Double 12. Truck-Tractor Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown	Cargo Body Type 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown
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Case Number YE00112-20

Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
				Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
This unit will correspond to 'Unit 1'	01	02	70				
This unit will correspond to 'Unit 2'	02	00	00				

Light		Unit 1	Unit 2	Underride/Override	
1 Daylight	1	01	13	Unit 1	Unit 2
2 Dark-Not Lighted					
3 Dark-Lighted					
4 Dawn					
5 Dusk					
6 Dark-Unknown					
7 Other					
9 Unknown					

Weather		Unit 1	Unit 2	Traffic Control	
01 Clear	03	15	13	Unit 1	Unit 2
02 Fog/Smog/Smoke					
03 Cloudy					
04 Rain					
05 Snow					
06 Sleet/Hail (Freezing Rain/Drizzle)					
07 Severe Crosswind					
08 Blowing Snow					
09 Blowing Sand, Soil, Dirt					
10 Other					
99 Unknown					

Locality		Unit 1	Unit 2	Road Surface Conditions	
1 Residential	6	01	01	Unit 1	Unit 2
2 Business					
3 Industrial					
4 School					
5 Not Built-up					
6 Mixed Use					
7 Other					
9 Unknown					

Type of Intersection		Unit 1	Unit 2	Road Character	
0 Not an Intersection	0	00	00	Unit 1	Unit 2
1 Y-Intersection					
2 T-Intersection					
3 Four-Way Intersection					
4 Five-Point or More Intersection as Part of Interchange					
5 Traffic Circle					
6 Roundabout					
9 Unknown					

Incident Type		Unit 1	Unit 2	Road Alignment	
00 Not an Incident	00	99	00	Unit 1	Unit 2
01 Private Property					
02 Deliberate Intent					
03 Medical Condition					
04 Legal Intervention					
05 Suicide					
06 Drowning					
07 Other					

Location of First Harmful Event		Unit 1	Unit 2	Road Surface Type	
01 On Roadway	09	9	0	Unit 1	Unit 2
02 Shoulder					
03 Median					
04 Roadside					
05 Gore					
06 Separator					
07 Parking Lane/Zone					
08 Off Roadway, Location Unknown					
09 Outside Right-of-Way					
10 Other					
99 Unknown					

Driver Distracted by		Unit 1	Unit 2	Emergency Vehicle Responding to an Emergency	
0 Not Applicable/None		9	0	Unit 1	Unit 2
1 Electronic Communication Devices					
2 Other Electronic Device					
3 Other Inside Vehicle					
4 Other Outside Vehicle					
9 Unknown					

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type of Work Zone		Location of the Work Zone Collision	
1 Lane Closure		1 Before the First Work Zone Warning Sign	
2 Lane Shift/Crossover		2 Advance Warning Area	
3 Work on Shoulder or Median		3 Transition Area	
4 Intermittent or Moving Work		4 Activity Area	
9 Unknown		5 Termination Area	
		9 Unknown	

Workers Present		Yes	No	Unknown
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Trafficway		Unit 1	Unit 2	Unsafe / Unlawful Contributing Factors	
4	7	88	98	Unit 1	Unit 2
0 Not Applicable					
1 One Way					
2 Two-Way - Not Divided					
3 Two-Way - Divided					
4 Two-Way - Divided - Positive Median Barrier					
5 Turn Lane					
6 Ramp / Loop					
7 Driveway					
8 Alley / Parking Lot					
9 Unknown					

Vehicle Removal		Unit 1	Unit 2	Vehicle Condition	
1	3	01	01	Unit 1	Unit 2
0 Not Applicable					
1 Towed Due to Vehicle Damage					
2 Towed For Reasons Other Than Damage					
3 Remained at Scene					
4 Driven from Scene					
9 Unknown					

Special Function of Vehicle		Unit 1	Unit 2	Point of First Contact on Vehicle	
00 Not Applicable		00	00	Unit 1	Unit 2
01 School Bus					
02 Transit Bus					
03 Intercity Bus					
04 Charter Bus					
05 Other Bus					
06 Military					
07 OHP					
08 Other Police					
09 Other Law Enforcement					
10 Ambulance					
11 Fire Truck					
12 Public Owned Vehicle					
13 Highway Equipment					
14 Special Mobilized Machine					
15 Other					

Most Damaged Area		Unit 1	Unit 2
12	08	12	08
00 Not Applicable			
13 Top			

Point of First Contact on Vehicle		Unit 1	Unit 2
12	08	12	08
14 Undercarriage			
99 Unknown			



Case Number YE00112-20

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Latitude

Longitude

Railroad Crossing Number

Roadway Orientation

35.5083

N

-97.6986

W

Unit

Number

01

NE
SW

Unit

Number

02

NE
SW

JKP Turnpike Southbound

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	44	71	35	71	
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
02	34	00	00	00	34	44

00 Not Applicable

10 Overturn/Rollover

11 Fire/Explosion

12 Immersion

13 Jackknife

14 Cargo/Equipment Loss or Shift

15 Equipment Failure (Blown Tire, Brake Failure, etc.)

16 Separation of Units

17 Departed Road Right

18 Departed Road Left

19 Cross Median/Centerline

20 Downhill Runaway

21 Fell/Jumped From Motor Vehicle

22 Thrown Or Falling Object

23 Other Non-Collision

PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:

30 Pedestrian

31 Pedal Cycle

32 Railway Vehicle (train, engine)

33 Animal

34 Motor Vehicle in Transport

35 Parked Motor Vehicle

36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

37	Work Zone/Maintenance Equipment	56	Pavement Drop-Off
38	Other Non-Fixed Object	57	Ditch
FIXED OBJECT:		58	Embankment
40	Barrier (Cable)	59	Tree (Standing)
41	Barrier (Concrete)	60	Dividing Strip
42	Barrier (Other)	61	Retaining Wall
43	Fence Pole	62	Bridge Abutment
44	Fence	63	Bridge Pier or Support
45	Traffic Signal Support	64	Bridge Rail
46	Traffic Sign Support	65	Bridge Post
47	Utility Pole/Light Support	66	Bridge Curb
48	Other Post/Pole/Support	67	Bridge Super Structure (Beams)
49	Guardrail/Guardrail Face	68	Bridge Overhead Structure
50	Guardrail End	69	Delineator
51	Culvert	70	Mailbox
52	Curb	71	Other Fixed Object
53	Island	72	Other Highway Structure
54	Sand Barrels	73	Ground
55	Impact Attenuator/ Crash Cushion	99	Unknown

Remarks

UNIT 1 WAS SOUTHBOUND ON THE KILPATRICK TURNPIKE (JKT) IN THE OUTSIDE LANE. UNIT 1 WENT RIGHT OFF THE ROADWAY JUST AFTER CROSSING SH 66 OP GOING ABOUT 260' THROUGH GRASS EMBANKMENT FIRST STRIKING A FENCE LINE BEHIND 3720 CATAMARAN DR. AOI WAS APPROX 264' NORTH OF THE NORTH EDGE OF NW 36TH ST AND 138' WEST OF THE WEST EDGE OF JKT SB LANES. IN CHRONOLOGY, UNIT 1 WENT THROUGH SECOND FENCE, STRUCK THE REAR OF HOUSE/FENCE 3716 CATAMARAN DR, STRUCK THE FRONT OF DUPLEX 3706 & 3704 CATAMARAN DR, STRUCK UNIT 2 PARKED IN DRIVEWAY OF 3704, STRUCK TREES, MADE A HARD LEFT AT NW 36TH TO THE REAR OF 3700 CATAMARAN DR, STRUCK A SANITARY SEWER THEN CAME TO REST. AOI WAS APPROX 57' NORTH OF THE NORTH EDGE OF NW 36TH AND 129' WEST OF THE WEST EDGE OF JKT SB LANES. UNIT 2 AOR WAS APPROX 75' SOUTH OF ITS IMPACT. PRE-IMPACT THERE IS NO EVIDENCE OF BRAKING OR OPERATOR INPUT. POST IMPACT, ABOUT THE REAR OF 3716 CATAMARAN DR, THERE SEEMS TO BE BOTH STEERING AND BRAKING INPUT. WITNESS STATES SHE SAW UNIT 1 LEAVE THE ROADWAY 'AS IF IT WERE TAKING AN EXIT.' UNIT 1 DRIVER STATES THAT HE DID NOT RECALL EVENTS PRIOR TO THE COLLISION, AND THAT HE HAS NO MEDICAL CONDITION THAT SHOULD HAVE CAUSED UNCONSCIOUSNESS. AFTER EVENT INSPECTION OF UNIT 1 BY TRP

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

Case Number YE00112-20

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

PERSONS SUPPLEMENTAL

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(42) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	MENDENHALL	EMILY				
(43) Address	City		State	Zip	Telephone (Use Area Code)			
3704 CATAMARAN DR	YUKON		OK	73099	4052006417			
(44) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	
(45) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	PALMER	ASHLYN				
(46) Address	City		State	Zip	Telephone (Use Area Code)			
3704 CATAMARAN DR	YUKON		OK	73099	4052067131			
(47) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	
(48) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	REYNOLDS	MARIE			10/02/1978	F
(49) Address	City		State	Zip	Telephone (Use Area Code)			
517 S PIERCE ST	ENID		OK	73703	5805519510			
(50) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(51) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	LUNDY	RANDY	J			
(52) Address	City		State	Zip	Telephone (Use Area Code)			
11913 DORNICK CIR	OKLAHOMA CITY		OK	73162	4057081517			
(53) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							DUPLEX OWNER	
(54) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	OKLAHOMA CITY UTILITIES					
(55) Address	City		State	Zip	Telephone (Use Area Code)			
420 W MAIN ST	OKLAHOMA CITY		OK	73102	4052972422			
(56) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							SANITARY SEWER TOP	
(57) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(58) Address	City		State	Zip	Telephone (Use Area Code)			
(59) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(60) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(61) Address	City		State	Zip	Telephone (Use Area Code)			
(62) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(63) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(64) Address	City		State	Zip	Telephone (Use Area Code)			
(65) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(66) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(67) Address	City		State	Zip	Telephone (Use Area Code)			
(68) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	



DPS: 0192-SUPP01 REV 0107

**OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE**

RAGLAND S729 DID NOT REVEAL ANY OBVIOUS MECHANICAL DEFECTS. RAGLAND'S INSPECTION REPORT IS #OKI104152005. UNIT 1 DRIVER LOG SHOWS DRIVER HAD BEEN ACTIVE FOR AT LEAST 9 HOURS. INVESTIGATION EVIDENCE POINT TO SLEEPY DRIVER. AERIAL MAPPING AND DIAGRAM ASSISTANCE BY TRP CONWAY #337 (THU) WITH SUPPLEMENTAL REPORT CR03038-20.

PHOTOS WERE TAKEN BY TROOPERS LINZY AND CONWAY, HOMEOWNERS, AND MEDIA AND WERE STORED AT TROOP HQ'S AND INDIVIDUAL DEVICES.

